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** CONTINUING DATA *****

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Foreign Priority claimed	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	JAPAN	17	24	7
Verified and Acknowledged Examiner's Signature	EB Initials			

ADDRESS

26694
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TITLE

Method for complementing personal lost memory information with communication, and communication system, and information recording medium thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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